Review of Condom Distribution and Supply Strategies in Namibia, December 2–15, 2004

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About RPM Plus

RPM Plus works in more than 20 developing countries to provide technical assistance to strengthen drug and health commodity management systems. The program offers technical guidance and assists in strategy development and program implementation both in improving the availability of health commodities—pharmaceuticals, vaccines, supplies, and basic medical equipment—of assured quality for maternal and child health, HIV/AIDS, infectious diseases, and family planning and in promoting the appropriate use of health commodities in the public and private sectors.

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ACRONYMS

AIDS	acquired immunodeficiency syndrome
CDC	U.S. Centers for Disease Control and Prevention
CMS	Central Medical Stores
DAPP	Development Aid from People to People
DFID	Department for International Development [U.K.]
DOD	U.S. Department of Defense
DSP	Directorate of Special Programmes (formerly NACOP)
EU	European Union
FY	fiscal year
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GRN	Government of the Republic of Namibia
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit, GmbH (German Technical Cooperation Agency)
HIV	human immunodeficiency virus
IEC	information, education, and communication
IPPF	International Planned Parenthood Federation
KfW	KfW Entwicklungsbank (KfW Development Bank)
MAPP	Military Action and Prevention Programme
MHETEC	Ministry of Higher Education, Training, and Employment Creation
MOD	Ministry of Defense
MOF	Ministry of Finance
MOHSS	Ministry of Health and Social Services
MRLGH	Ministry of Regional Local Government and Housing
MSH	Management Sciences for Health
MTP	Medium-Term Plan
MWACW	Ministry of Women's Affairs and Child Welfare
NABCOA	Namibian Business Coalition on AIDS
NACOP	National AIDS Coordination Programme (renamed DSP)
NAPPA	Namibia Planned Parenthood Association
NASOMA	National Social Marketing Association
NDF	Namibian Defense Force
NGO	Nongovernmental organization
RACOC	Regional AIDS Coordinating Committee
RMS	regional medical store
RPM Plus	Rational Pharmaceutical Management Plus Program
SADC	Southern African Development Community

SCCPD	Standing Committee on Condom Procurement and Distribution
SIDA	Swedish International Development Agency
SMA	Social Marketing Association
STI	sexually transmitted infection
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
USG	U.S. Government

BACKGROUND

Management Sciences for Health (MSH)/Rational Pharmaceutical Management Plus (RPM Plus) Program has received field support funds from the U.S. Agency for International Development (USAID)/Namibia under the United States Government (USG) Emergency Plan for AIDS Relief to strengthen the pharmaceutical management systems of the Government of the Republic of Namibia (GRN), Ministry of Health and Social Service (MOHSS), in support of the scale-up and expansion of the HIV/AIDS program. In pursuance of this effort, an activity was planned to review the condom distribution program and recommend a distribution system that is secure and reliable for an improved availability of condoms at end user points.

This activity also complements a request by USAID for advice on the number of condoms that the country may require for FY05 (October 1, 2005 to September 30, 2006) and guidance or information on tools that can facilitate the process of quantifying condom needs.

The consultant's tentative scope of work in Namibia included the following—

1. Determine the current roles of the Central Medical Stores (CMS), the National AIDS Coordination Programme (NACOP), the U.S. Centers for Disease Control and Prevention (CDC), MOHSS and other ministries, DAPP [Humana People to People], the Social Marketing Association (SMA), and any other stakeholders in condom programming.

2. Determine the efficiency of the current quantification/forecasting, procurement, and distribution systems in place and identify their strengths and weaknesses.

3. Recommend ways of improving condom forecasting, procurement, and distribution.

4. Review and comment on the draft Namibia Condom Policy.

5. Conduct an options analysis and make recommendations for an enhanced and integrated condom programming system.

To achieve this scope of work, the consultant, joined by Mrs. Sarah Tobias of the Directorate of Special Programmes (DSP) of the MOHSS, Ms. Monica Iilonga of CMS/MOHSS, and Mr. Joseph Ngidari of RPM Plus Namibia, met with as many of the key stakeholders as was possible at the time of the visit, with some follow-up undertaken by e-mail.

The team reviewed key official documentation (Annex 1).

In addition to interviewing representatives of the key institutions based in the capital city of Windhoek, the team visited regional health offices and facilities in the north of the country, where a large proportion of the population—over 50 percent—lives. Annex 2 shows the schedule of the visit and the institutions and the regional health facilities visited, and Annex 3 lists the persons interviewed.

CONDOM PROGRAMMING

The United Nations Population Fund (UNFPA) has defined condom programming thus—

> In the age of HIV/AIDS, promoting increased male and female condom use is a multi-level challenge. Condom programming must address: governmental policies on condom promotion, advertising and access, as well as importation/customs/production decisions, logistical supply and distribution systems, social customs and gender relations, and relevant knowledge, attitudes, and behaviour of individuals, special groups, and the general population. Other important issues include the potential effectiveness of various condom promotion interventions and the level of the intervention to be targeted— individuals, couples, social networks, community institutions, the commercial sector/mass media, and government policy and administration.[1]

Evidence affirms that consistent and correct use of condoms reduces the risk of HIV infection and other sexually transmitted infections (STIs) significantly. Condom programming as a preventive strategy is clearly much more than the provision of male and female condoms. However, for the purposes of this report, the emphasis will be on access to condoms and the components of a commodity supply cycle—selection, quantification and procurement, distribution, and use—that contribute and ensure the availability of condoms to consumers.

[1] UNFPA/Population Council. 2003. *Rapid Needs Assessment Tool for Condom Programming: Program Report*. Available at http://www.unfpa.org/publications.

CONSULTANCY PLANNING

1. Determine the current roles of CMS, NACOP, CDC, MOHSS, MWACW, Humana DAPP, SMA, and any other stakeholders in condom programming

This section presents brief outlines of the roles of the many organizations involved in condom programming, but with a *focus on the practical aspects of the supply and availability of male and female condoms*. It was prepared using interviews with key stakeholders and a review of the *Third Medium-Term Plan* (*MTP III*) *2004–2009* and other documents. A condom programming matrix, shown in Table 1 (page 9), summarizes this mapping exercise to identify gaps and overlaps in roles and responsibilities as they relate to the availability of condoms in Namibia.

Roles of Organizations

Public Sector

Through its HIV/AIDS policies, the GRN establishes the environment within which the organizations below are actively implementing condom programming activities.

DSP/MOHSS

The Directorate was established in 2002 with the responsibility to "design, manage and direct policy development, strategic planning, resource mobilization, co-ordination, facilitation, monitoring and evaluation of the national response across all sectors to reduce the impact of HIV/AIDS, TB and Malaria on the Namibian population."[2] The Directorate is composed of two divisions, the first focusing on health sector requirements for HIV/AIDS control and the second on the multisector response. The latter division manages the Expanded National AIDS Response Support, Training Support Co-ordination, Resource Mobilisation and Development Cooperation, and Response Monitoring and Evaluation.[2] The DSP was formerly NACOP.

One major financial responsibility of the MOHSS is that of "acquiring and maintaining international contributions." [2]

Described within the National Strategic Plan on HIV/AIDS, *MTP III 2004–2009*, the following activities have been identified as those of the MOHSS for achieving the outcome under 2.4.3 (Expand condom provision: "The proportion of sexually active women aged 15–49 consistently using condoms (male or female) during sexual intercourse increase from 8.9 percent in 2000 to 60 percent by 2009" [2] —

- Develop and implement a national policy on condom forecasting, supply, promotion, and distribution (by 2004).

- Develop, implement, and closely monitor both the condom (male and female) procurement/logistics management system and the plan of action.

[2] Government of Namibia. 2004. *National Strategic Plan on HIV/AIDS: MTP III 2004–2009.* Windhoek: GRN.

- Coordinate condom procurement and testing with quality assurance.
- Procure and distribute condoms to meet annually agreed targets (all sectors with all lead agencies).
- Promote correct and consistent use of male and female condoms.
- Monitor and evaluate condom logistics and usage.

Ministry of Women's Affairs and Child Welfare (MWACW)

As is common with each line Ministry, the MWACW, has the responsibility for "delivering core functions related to the response, mainstreaming HIV/AIDS, and providing adequate human resources to managing HIV/AIDS." [2] Its tasks are to—

- Promote correct and consistent use of male and female condoms
- Strengthen intiatives to integrate gender-specific issues into HIV/AIDS programs

In 1999, this Ministry was given the lead role in promoting the female condom and that role was continued under the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). MWACW receives support from UNFPA in its country program of gender mainstreaming in reproductive health.

At the local community level, a network of gender liaison officers has been established under the MWACW.

Ministry of Defense (MOD)

MOD has a responsibility to ensure the physical health of MOD/Namibian Defense Force members through the prevention of HIV and STIs. This responsibility is supported by a commitment to scale up the provision of information, education, and communication (IEC) and the distribution of male and female condoms.

Ministry of Regional Local Government and Housing (MRLGH)

The MRLGH has the sector objective of planning, managing, and implementing HIV/AIDS prevention, care, support and impact-mitigation activities at regional and local authority level. Through the Regional AIDS Coordinating Committee (RACOC), MRLGH is tasked to "strengthen community outlets to provide all sexually active people in Namibia with condoms through free provision and through social marketing." [2]

CMS, Windhoek

As a unit of MOHSS, CMS manages the quantification, procurement (for example, tendering), initial storage, and distribution of over 600 medicines and 800 medical supply items, including male condoms. Its tasks include the following—

- Increase procurement of additional public sector condoms for free distribution and procurement of social marketing condoms through multisectoral Standing Committee on Condom Procurement and Distribution (SCCPD).

- Improve supply chain tracking for inventory control, consumption reporting, and procurement planning.

Condoms, along with all the other centrally procured items and some donated supplies, are distributed to the two regional medical stores (RMS) and directly to a number of health facilities in the Windhoek area.

RMS, Rundu and Oshakati

Both RMS provide intermediate storage of male and female condoms and handle the issue of stocks to health facilities and local organizations (by the fulfillment of requisitions from health authorities and facilities, consolidation of medicine and condom requests, and transfer of supplies to representatives of requesting health facilities).

District Hospitals, Health centers, and Clinics

These health facilities maintain stocks of condoms (by requisitioning a continuous supply from RMS in most instances), provide condoms free to clients, and distribute to lower level health service sites within their areas of coverage. Additionally, they are a source of condoms for community outlets.

Development Agency Roles

U.S. Government

USG supports condom programming activities through a number of agencies, including USAID, CDC, and the Department of Defense (DOD).

The USAID Regional HIV/AIDS Program in the Southern African Development Community (SADC) known as the "Corridors of Hope" project focuses on truckers, commercial sex workers, informal traders, young girls at school, and uniformed border officials as highly vulnerable populations and takes a regional perspective by programming in Lesotho, Mozambique, Namibia South Africa, Swaziland, Zambia, and Zimbabwe.

DOD is helping MOD to adapt and provide military-based HIV prevention programs. USG is also providing similar support to Ministry of Home Affairs for the police force.

In 2003, USAID supplied 15 million male condoms to the MOHSS.

UNFPA

UNFPA has supported the provision of male and female condoms, for both family planning and for HIV prevention, over the past several years. Provisions were earmarked for MOHSS, MWACW, the Ministry of Higher Education, Training, and Employment Creation (MHETEC), and the United Nations Joint Programme on HIV/AIDS (UNAIDS)/United Nations Children's Fund (UNICEF). It has also supplied demonstration models to MWACW for its reproductive health program.

UNADIS

UNAIDS has been involved in HIV/AIDS capacity building, policy development, and program management support. The UNAIDS office in Namibia acts as the secretariat for all UN agencies concerning HIV/AIDS activities. In addition, until mid-2004, UNAIDS performed the role of secretary to SCCPD.

UNICEF

UNICEF's mandate is to address issues concerning children, adolescents, and maternal care. In the context of HIV/AIDS prevention UNICEF supports social mobilization, prevention, access to services, and policy and program development. In 2003–2004 UNICEF supplied 114,000 condoms to two organizations for distribution through secondary schools.

European Union (EU)

The EU project in Namibia aims to "strengthen institutional and community capacity to plan, manage and monitor an expanded, co-ordinated health sector and multi-sectoral response to HIV/AIDS/TB."[2] The project includes a monitoring and evaluation program for HIV/AIDS, TB, and STIs, which conducts regional monitoring visits to review progress in relation to the *MTP III* subcomponents (of which 2.4.3 is Expand Condom Provision).

GTZ and KFW

In the late 1990s, these two entities supported condom availability through the procurement of condoms for the National Social Marketing Association (NASOMA) (2000–2004) and for SMA.

CDC

The CDC advises the national program on prevention of mother-to-child transmission (PMTCT) and provides case management, and monitoring and evaluation.

Other Development Agencies

The team was unable to obtain specific information about condom programming support from the U.K. Department for International Development (DFID), the Swedish Agency for International Development (SIDA), and the Franco-Namibian Cooperation Agency, though all

are believed to have made contributions to national bodies and nongovernmental organizations (NGOs) active in Namibia in the form of program or commodity funding.

NGO Roles—Namibia Planned Parenthood Association and Others

Namibia Planned Parenthood Association (NAPPA) plays a complementary role to MOHSS in the area of sexual and reproductive health by providing IEC and services to disadvantaged and underserved groups, especially young people. It aims to help alleviate social and health problems, including STIs and HIV/AIDS, and low levels of condom use.

NAPPA is supported by the International Planned Parenthood Federation (IPPF), UNFPA, SIDA, UNAIDS, and the Finnish Foreign Ministry/Väestöliitto, a Finnish reproductive health NGO.

NAPPA is implementing a project to promote the use of the female condom in Ohangwena Region.

Social Marketing Organizations Roles

SMA

SMA provides targeted programs in Caprivi, Kavango, Oshikango, and Walvis Bay; Corridors of Hope program (SADC regional program); and military bases (Military Action and Prevention Project [MAPP]), and the police. Support has been given by the USG under the Emergency Plan for AIDS Relief, DOD, and DFID, and formerly by GTZ.

SMA distributed 2,156,000 condoms during the period from December 1998 to December 2004.

NASOMA

NASOMA aims to complement the public health sector by using private sector efficiency both to ensure the availability of products and to create demand. NASOMA is supported in these efforts by KfW, SADC, and DFID.

NASOMA aims for national coverage of social marketing, and in addition, has youth and high-risk group programs, focused in Ondangwa, Oshakati, and Keetmanshoop. It also has a workplace program.

More than 12 million male and almost 200,000 female condoms have been sold over the period from 2000 to 2004.

Commercial Sector

Commodity Exchange

Commodity Exchange, an independent company established in 1994, specializes in commodity distribution and the supply of medical consumables and disposables. It services the public sector, NGOs, and the commercial sector. In 2002, the company established a male condom foiling- and packaging-line and a condom quality control and assurance laboratory. Commodity Exchange imports bulk packaged, loose condoms and produces foiled and lubricated condoms in packets for commercial distribution and government contract. For the social marketing organizations, Commodity Exchange packages condoms provided by donor financing. The foiling line currently has a capacity of 15 million condoms per year. The company provides condom quality testing services to the government and SMA. Commodity Exchange has successfully responded to tenders for male condoms issued by the CMS on behalf of the GRN.

Commercial Pharmacies

Male condoms are retailed openly in pharmacies, especially in urban areas. Several different brands are available—in one pharmacy visited, the team counted 18 different branded products on display. Supermarkets also stock male condoms.

Other Commercial and Noncommercial Outlets

Commercial outlets include cooker shops, shabeens, and stores. Condoms are also available through local community shops and bars, which offer condoms that are provided free through the public sector distribution or promoted by the social marketing organizations.

A number of other government ministries, NGOs, private companies and business associations, and international development agencies are also involved in condom programming, and their contribution should not be ignored (for example, the Ministries of Finance and of Basic Education, Sports and Culture, as well as Family Health International, Namibian health NGOs, DAPP, Namibian Business Coalition on AIDS [NABCOA], and SIDA). In addition, a number of workplace programs are being implemented by Namibian companies.

It was not possible to consult with every organization during the fieldwork for this consultancy, but the team is confident that the major players have been included (Table 1). If considered valuable, further investigations could be undertaken to complete the mapping exercise.

Table 1. Condom Programming Roles in Namibia: Supply and Availability of Male and Female Condoms*

Condom Program Player	Policy	Finance (public)	Finance (organization)	Promotion—general	Promotion—targeted	Selection	Quantification	Procurement—purchase	Procurement—donation	Quality Assurance	Storage	Distribution—primary	Distribution—to outlets	Inventory control	Monitoring	Use
MOHSS	x	x				x	x	x	x							
MWACW	x				x											
MOF		x														
MOD					x											
MLGAH				x												
RACOC				x												
CMS	x	x				x	x	x		x	x	x	x	x		
RMS											x		x	x		
District hospitals		x									x		x	x		
Health centers														x		
SMA			x	x	x	x	x	x			x	x	x	x	x	x
NASOMA			x	x	x	x	x	x		x	x	x	x	x	x	x
NAPPA						x			x					x		
USAID									x							
UNFPA		x	x						x							
GTZ			x						x							
EU																
SIDA			X													
DFID			X													
Franco-Namibian Cooperation																
Commodities Exchange								x		x						
Commercial pharmacies																
Shabeens, cooker shops, etc.																
Others for which information was not available																
NACBOA																
MHETEC																

*See Annex 4 for brief definitions of each role.

Mapping of the roles, responsibilities, and prime activities of each organization in condom programming made it possible for the team to identify gaps, overlaps, duplication, and key areas for ensuring coordination in condom programming. The team identified the following.

Strengths

- A broad range of local institutions is involved in condom programming and HIV/AIDS prevention, including key national ministries and local government, voluntary and faith-based organizations and associations, and the business community.

- There has been and continues to be extensive support from international development agencies (bilateral, multilateral, and NGO) in terms of commodities, finance, and technical expertise.

- GFATM has earmarked adequate financial resources for condom needs (based on RPM Plus projections).

- Condoms are available through a number of alternative mechanisms—free through the public sector, subsidized by the social marketing programs, and at market price through the commercial sector.

- Ongoing programs target specific at-risk groups.

- CMS and RMS capacities are being strengthened.

- The male and female condom supply and distribution is being integrated into national medical stores functions.

Weaknesses

- The coordination by the GRN of the numerous international agencies and national institutions involved in condom programming seems to have declined.

- Development agency motivations and actions may not always be congruent with the program's needs.

- Public sector institutions who became direct recipients of donated condoms seem to lack logistical expertise, including capacity for storage, information systems, and planning for continuity of supply.

- Although RMS have inventory control procedures and documentation in place, implementation can be strengthened.

- The management information system for condom distribution below the RMS level is inadequate.

Gaps in Condom Programming

- Systematic and regular forecasting of condom requirements is needed.
- Monitoring of distribution below the district level is also needed.
- Systematic monitoring of distribution below the health center level is lacking.
- Information is also lacking to understand whether the current supply of condoms to outlets is adequate to meet the demands of users.
- Demand research is needed. Do we know enough, for example, about whether the needs of condom users are being met by the current access liability and availability of condoms?
- Knowledge of consumer use, especially for the female condom, is lacking.

Overlaps and Duplication in Condom Programming

The potential for fruitless competition between the two social marketing organizations is evident, especially if either attains nationwide distribution. Hence, maintaining the current market segmentation between the two organizations may be rational so that they complement each other's activities.

Improving Coordination

SCCPD was established in 2002 with the guiding hand of the UNFPA Country Representative, who chaired the meetings. Committee membership was extended to all sectors (government, NGO, business, and development agencies), and the group met irregularly during 2003 and 2004. Minutes of the meetings made available to the team suggest the last meeting was held in July 2003, though the team was told that the responsibility for organizing and chairing the committee was transferred to the MOHSS in February 2004. Annex 5 is a list of member institutions and organizations.

Review of the available meeting minutes demonstrates that SCCPD shared information on purchases and donations of condoms, had concerns about the coordination of these inputs, considered the acceptability of female condoms and discussed the appropriateness of the MWACW's role in their distribution, and discussed issues concerning budgeting for condoms within the GFATM project proposal. SCCPD also recognized the importance of developing a condom policy and in 2004 developed a list of issues regarding the drafting of such a policy.

Recommendations

Forums for exchanges of views can always be useful, but SCCPD should be more than a setting for information sharing; it should be a strategic tool for the national program. SCCPD should contribute to the decision-making process on condom programming issues, recommend action to

the GRN, and be able to respond to requests from the GRN for technical expertise or support for condoms and distribution-related activities.

The reinvigoration of SCCPD will need senior staff direction. Key development agencies have expressed full support for the SCCPD. The following actions are recommended—

- Reassign key responsibility for the committee to MOHSS staff with time and ability to chair and lead committee.
- Reestablish the committee's key mandates—
    - To monitor condom distribution and use in order to improve estimations of requirements for male and female condoms
    - To coordinate condom inputs in order to ensure continuity of supply to end users and reduce concerns with procurements (for example, not placing orders for tendered quantities) and potential overstocking (for example, from ad hoc or ill-timed donor shipments of condoms)
- Invest decision-making powers with SCCPD for specified tasks.
- Establish an appropriate meeting schedule.
- Determine minimum information needs for SCCPD to undertake its mandate.
- Allocate responsibility for regular and timely provision of information on condom procurement, distribution, storage, and use.
- Submit regular reports on SCCPD meetings to the appropriate higher authority.

Also, given the following factors, a fruitful synergy and greater efficiency in supply management would result should the mandate of SCCPD be broadened to encompass all reproductive health commodity matters—

- The key role of condom programming in the response to the challenge of HIV/AIDS
- The dual use of male and female condoms for protection against STIs (including HIV) and for the prevention of unwanted pregnancy
- The increasingly recognized importance of closely linking HIV/AIDS activities with sexual and reproductive health programs
- The interest of several key international development agencies in supporting programs that need a range of reproductive health commodities
- The CMS's central role in the procurement and distribution of such commodities

2. Determine the efficiency of the current quantification/forecasting, procurement, and distribution systems in place and identify their strengths and weaknesses

Quantification/Forecasting

The team noted the following.

Strengths

The only strength noted was that quantification, when undertaken, has been systematic.

Weaknesses

- The process has not been institutionalized.
- Efforts are ad hoc (for example, GFATM).
- There is too much reliance on targets (for example, the annual percentage increase in use by sexually active women).
- There is an overreliance on the history of condom supply for both male and female condoms.
- Mechanisms are needed to control, monitor, and report on the distribution of female condoms to provide data for consumption-based quantification.
- There is uncertainty about inclusion of social marketing and private sector contributions when determining estimates of public sector requirements.
- Appropriate research data on behavior for morbidity-based quantification methods are lacking.

Comments

Good forecasting makes an invaluable contribution to efforts to ensure that condoms are available to those who want to use them by helping to ensure that the right quantity—not too few, which results in disruptions in use and not too many, which can result in expired stocks being destroyed and other excessive storage costs—are entering the distribution system.

Good forecasting relies on accurate, reliable data. Data on one of two types of variables are needed: (1) the variables that affect the demand for condoms (population-based and behavior-based) for the morbidity-based quantification method or (2) variables on the quantities used of product for the "consumption-based" quantification method.

The morbidity-based quantification method may be thought of as the theoretical or modeling method, since calculations of the numbers of condoms are determined in relation to factors such

as the average number of acts of intercourse, the proportion of couples who use condoms, the proportion of the population at risk, and so forth—most of which are not known with mathematical precision—so often the forecast is based on available, but limited, survey results or on the desired target level of each variable.

The consumption-based method relies on more demonstrable data, but also on the assumption that, when obtained, condoms are in fact used. The accuracy of the reporting component of inventory control is important. The extent to which consumption figures reflect actual demand or use is also conditional upon the supply having been full and available during the reporting period.

Procurement

Strengths

- CMS has the managerial expertise though limited human resources.
- International tendering has been undertaken.
- Public financing has been available.

Weaknesses

- Poor determination of procurement requirements.
- Issues concerning the contracted order quantities need to be addressed.
- Poorly coordinated donor support and donor-controlled shipment and delivery scheduling present problems for supply management and can be disruptive to government procurement.
- Quality assurance for GRN procurement of condoms is not independent.

Comments

CMS usually conducts international competitive tenders every two years to select suppliers and establish purchase prices, for a range of medical supplies. Orders are then placed as necessary with the successful bidder during the two-year contract period. A tender for "Supply and Delivery of Surgical Sundries," which included latex condoms, was issued in March 2004 to cover the period July 2004 to June 2006. The two-year estimated quantity stipulated in the tender was 125,770 gross of male condoms (18,100,880 pieces). Anecdotal information suggested that the placement of orders to the supplier has been adjusted (reduced, delayed, or both) in response to unexpected or unanticipated supplies from donors. Such circumstances could damage the purchaser-supplier relationship.

International multilateral agencies have programs supporting specific sectors, ministries, or NGOs, all of which have at other times relied upon the centrally procured condoms. Donor supplies—although very welcome—have sometimes caused management problems:

consignment size and delivery scheduling have been determined with minimal or no input from the body charged with importation, primary storage, and distribution—CMS (of the MOHSS).

The procurement mechanisms of the major donors (USAID and UNFPA), although often able to respond rapidly to urgent requests by diverting shipments, may be less flexible, because of the volume of their requirements, multiple-sources, and multiple-recipients, in arranging split consignments and delivery schedules that are best suited to the GRN or CMS. Hence even when donor support is a known factor, the management of CMS and DSP have reduced capacity to orchestrate the inflow of condoms to the distribution system, as compared to their ability to arrange the delivery of the GRN's own purchases.

When tendering, and subsequently, when placing orders, CMS must be aware of supplies of condoms being delivered or planned for delivery to programs that would normally receive condoms from CMS.

Currently, the same company that was the successful bidder for the MOHSS's tender in 2004 for a two-year contract for the supply of male condoms, Commodity Exchange, provides a condom quality testing service. Standard practice in condom procurement requires the supplier to submit appropriately selected samples to an independent testing organization before shipment to avoid any problems for the consignee with substandard products arriving in country. Following confirmation of the acceptability of the tested batches, shipment would be authorized. Commodity Exchange procures condoms in bulk internationally, imports, and produces the finished product for distribution (lubricated condoms in foil and multiple-unit packs). It also undertakes quality control testing on the products it has purchased.

Distribution

Strengths

- A public sector pharmaceutical distribution system to regions has been established.
- Health facilities have established ordering and delivery schedules.
- Male condoms appear to be available at public sector outlets.

Weaknesses

- In the past, institutions that were unprepared for the storage and distribution of large quantities of male and female condoms (for example, NACOP, MWACW) became involved in the management of these items.

- A system to monitor and ensure continuity of supply at community outlets supplied by clinics is needed.

- Redistribution of stock is needed because of limited central storage capacity and to cope with consignments from donors.

- Information on stocks at hospitals, health centers, and clinics is not collected, analyzed, or monitored to assess supply management performance or to include in quantification and procurement planning.

- Budgetary implications of MOHSS purchased-condoms versus free condoms from donors must be addressed.

- Information on distribution to community outlets and non–health sector organizations is lacking.

- Review or monitoring of requisitions from health facilities by RMS is minimal.

- Supply management performance is not monitored sufficiently.

Comments

On a number of occasions in the past, male and female condoms have been supplied by development agencies directly to institutions (for example, UNFPA's supplying of female condoms to MWACW and NACOP's receiving and distributing male condoms). Since these institutions were not set up to manage these stocks, first storage was a problem and then distribution was handled in an ad hoc manner, with minimal effort to maintain the usual information and accountability expected from a distribution organization, such as CMS. The analysis in the "Data Mining" section of this report (page 21) must therefore be read in the context the likely absence of information on these stocks.

During the last five or six years, condoms procured by MOHSS or received from development agencies have been packaged in gross (144) boxes. In the second half of 2003, USAID provided 15 million condoms packaged in boxes containing 100 condoms, as is usual for this organization. Recording of stocks and issues of condoms at the central and regional levels has not uniformly taken this difference into account. CMS appears not to maintain records separately for each of these boxes, which, because of the different contents, are distinct products. Issues from CMS have been made on the basis of a number of boxes, not a quantity of condoms. Hence, since late 2003, knowing from the records exactly how many condoms are in stock or distributed is difficult. Assuming all boxes contain a gross of condoms can lead to overestimating stock and issues by up to 44 percent and, conversely, assuming all stocks are in boxes of 100 could lead to underestimating by up to one-third.

At the time of the visit to the Oshakati RMS, the stock of male condoms was estimated to be sufficient to last for nearly five years, based on recorded issues to facilities in the region served by that RMS during the previous six months.

Computerized inventory control at CMS is being extended to the two RMS. Information on stocks, monthly receipts, and issues are currently maintained on stock cards at the RMS. Review of the stock cards at one RMS reveals, in an 18-month period, four mathematical or recording errors in the running stock figures and two instances of the records requiring adjustment because a physical stock count did not match the recorded stock balance.

Health facilities (such as hospitals, health centers, and primary health centers) that are serviced directly by an RMS submit their order books to RMS according to an established order/delivery roster (that is, on an approximately monthly schedule). The planned turnaround between when the order book is submitted and when the assembled consignment is ready for collection or delivery is about one week. The order book is also used to record distribution of condoms to clients or to lower-level outlets, and its removal from the health facility disrupts the effort to keep information up-to-date.

The responsibility for ensuring that the quantity requested in the order book is appropriate (that is, sufficient to meet needs without overstocking the health facility) appears to lie with the person preparing the requisition. It is not clear what the role of the RMS is in ensuring continuity of supply to health facilities, by monitoring requests, comparing them with consumption, and supporting the maintenance of appropriate safety stocks.

Anecdotal information indicated that requests for condom resupply may be influenced by budgetary allocations to health districts. It is suspected that facilities would rather order essential medicines and not condoms when facing a budgetary constraint. Quantities of GRN-purchased condoms are charged to the budget of the health facility, and managers appeared not to be fully aware that CMS had a large stock of donated—and hence free—condoms available. However, the situation is further compounded by the fact that since the CMS system cannot record goods at zero value, a nominal cost of one cent is assigned per condom, which is then invoiced to the facilities when they are issued with free, donor-provided condoms.

Health facilities may provide condoms to other outlets in the local community—shops, shabeens, local volunteers who resupply so-called condom corners, or groups. Several issues are raised about this component of the distribution chain—

- What exactly happens to these condoms? (That is, who are the eventual consumers)?

- Are condoms being stockpiled at the outlet level? (Probably not, but no system of data collection and reporting is in place to support or refute this supposition.)

- Are sufficient condoms reaching these outlets? (The team found no evidence that, say, the two boxes taken by a volunteer one month were consumed by users in the first week, or the second week of that month, leaving zero stock until the volunteer returned to the health facility for resupply, whenever that might be.)

3. Recommend ways of improving condom forecasting, procurement, and distribution

General

- Review and establish job descriptions for Condom Logistics Officers.

- Review options for more defined market segmentation (that is, for the public sector, social marketing programs, and the private sector).

Condom Forecasting

A number of spreadsheet or database models have been developed to assist groups with the estimate of condom requirements. The team's first forecasting recommendation is to select, introduce, and train appropriate staff in state-of-the-art forecasting tools and interpretation of results.

It is very useful to compare modeling estimates with estimates based on consumption and, by reconciling the strengths and weaknesses of the primary data and the methodologies used, arrive at a best estimate that attempts to take into account historical data and target-driven prognoses. Thus, the team's second forecasting recommendation is to strengthen the information system to improve reliability of distribution data to support a consumption-based quantification, which can also be used to validate the morbidity-based estimates.

Procurement, which is premised on accurate quantification and other factors, will support service programs most efficiently if the activity is planned and implemented in a regular, scheduled, cyclical manner. The team's final two forecasting recommendations are to (1) establish a timetable for annual quantification as the lead step in the procurement process and (2) monitor usage and stocks during the year at predetermined periods to facilitate verification of the original estimates or enable adjustments in procurement quantities to match consumption.

Condom Procurement

- Develop procedures to ensure that donated supplies can be factored into procurement requirements (possibly through the reestablished SCCPD).

- Ensure independent quality testing.

Condom Distribution

- Establish stock maintenance and distribution at CMS by condom type and brand.

- Establish a central CMS management system for condom supplies earmarked for specific programs; establish a procedure for CMS to be informed of distribution plans and approved recipients.

- Facilitate storage management and inventory control by arranging multiple, smaller consignments of procured or donated condoms to reduce large inflows.

- Make an arrangement with local suppliers to hold stock or to produce more frequently in response to real needs.

- Continue to strengthen supply management practices at the regional medical stores.

- Develop a simple stock recording and monitoring procedure for health centers and clinics to enable DSP to obtain data on male and female condom consumption.

- Investigate the potential for incorporating the monthly summary reports currently prepared by health centers (for example, Supportive Health Services/Activities and Family Planning/Antenatal Care/Postnatal Care) into the health information system to meet condom distribution information needs.

- Introduce a mechanism at CMS to mitigate the effect on health facilities of the current administrative requirement to invoice a nominal amount for donated condoms.

- Ensure that health centers and clinics do not feel constrained by budgetary considerations when ordering condoms.

- Undertake a stock count at all facilities to establish a baseline of countrywide stocks as part of inventory management improvement.

- Supply hospitals and selected health centers with female condoms for issue only to motivated clients, and monitor distribution closely over a set period to help establish the real demand for this method.

As a next step, the team recommends that the options analysis component of this consultancy (see scope of work on page vii and comment on page 20, point 5) be implemented in collaboration with the MOHSS, USAID, UNFPA, and other key partners in condom programming, with the aim of—

- Ensuring that adequate quantities of male and female condoms are made available to the population

- Strengthening the coordination between the partners in the Namibian HIV/AIDS prevention program

- Improving the management information system for condom supply to facilitate forecasting requirements and distribution decisions

MSH/RPM Plus is ready to contribute to the achievement of these recommendations.

4. Review and comment on the draft Namibia Condom Policy

MTP III 2004–2009 called for the development of a national condom policy by the end of 2004.

A draft policy document was not available for review by the consultant at the time of the visit to Namibia. In June 2004, the SCCPD raised a number of policy issues relating to the drafting of a national condom policy and prepared a list of these issues for the response of the MOHSS. This list included recommendations on the goal and purpose of the national condom policy and raised a central issue about the role of condom programming (in general and for specific target groups). A number of questions were posed on the coordination, quality assurance, pricing, procurement, distribution, monitoring, and use of condoms.

Such issues have been addressed in national policies developed in other countries, and evidently, a strong foundation for the future work in drafting the policy exists.

When the draft is ready (and if requested), MSH/RPM Plus would be available to review and comment on the draft policy, as originally planned for this consultancy.

5. Conduct an options analysis and make recommendations for an enhanced and integrated condom programming system

It was not possible at the time of the consultancy to undertake this final component of the terms of reference. Pending review and response to this report, the options analysis can be rescheduled, as appropriate.

DATA MINING AND ANALYSIS

Estimates of Condom Requirements

GFATM Estimates

The Namibia Global Fund application and project included funding for male condoms for the national program. The numbers of male condoms supplied to MOHSS (dates as in original project document, September 2002) were as follows—

- Year 1 (baseline 2002): 15 million
- Year 2 (2003): 23 million
- Year 3 (2004): 30 million

The numbers of male condoms procured were as follows—

- Year 1: 0
- Year 2: 8 million
- Year 3: 10 million

These totals can be interpreted as follows—

- No additional condoms were needed in Year 1.
- 15 million condoms were procured from other sources in Year 2.
- 20 million condoms were procured from other sources in Year 3.

For social marketing programs, the numbers of male condoms procured were as follows—

- Year 1: 3.54 million
- Year 2: 3.80 million
- Year 3: 4.02 million

Other Agency Estimates

The MSH/RPM Plus estimate for condoms for 2005 is 6–8 million. This estimate was prepared in October 2004.

The CMS/MOHSS tendered quantity of male condoms for a two-year contract is 18,110,880 (125,770 gross). The contract was March 2004.

Historical Data on Condom Supply

Data were assembled on condom procurements, receipts at CMS, shipments from donors, and sales by social marketing organizations for the period 2000–2004 (Table 2). Missing from the following analysis are data on commercial imports and sales.

Complete verification or cross-checking of the information received has not been possible, and most likely, (1) double-counting occurs (for example, when donor information on support could not be matched identically to CMS or other organizations' data on receipts) and (2) some underreporting occurs for particular years or because of not meeting with all individual donors. However, these flaws are likely to be offsetting, so we can have some confidence in the magnitude of the figures presented below.

Explanations for inconsistencies between the information from development agencies on their support for condoms and the quantities CMS reported receiving may include the following—

- The consignee for the shipments may have been institutions or organizations other than CMS.
- CMS's data may have been incomplete or misrecorded.
- Information from development agencies related to programmed or budgeted support can differ from actual procured and shipped quantities.

Male Condoms

The data in Table 2 and Figure 1 highlight the irregular pattern of condom supply that has caused difficulties for storage and distribution. Implementing procurement planning and reestablishing coordination of inputs should reduce this problem.

The supply of condoms to the social marketing programs exhibits a more consistent pattern, reflecting the incremental expansion of outlets, a more measured approach to forecasting needs, accountability for product distribution and sales, and the growth of demand.

Table 2. Estimated Quantities of Male Condoms Entering Distribution Systems (Public Sector and Social Marketing) from All Sources: 2000–2004[3]

Source	2000	2001	2002	2003	2004	Total
Public sector	934,000 (36.1%)	28,114,000 (87.2%)	7,716,800 (67.1%)	20,387,000 (88.0%)	1,872,560 (31.1%)	59,024,360 (78.2%)
Social marketing	1,650,048 (63.9%)	4,138,701 (12.8%)	3,781,730 (32.9%)	2,781,730 (12.0%)	4,146,000 (68.9%)	16,498,209 (21.8%)
Total	2,584,048	32,252,701	11,498,530	23,168,730	6,018,560	75,522,569

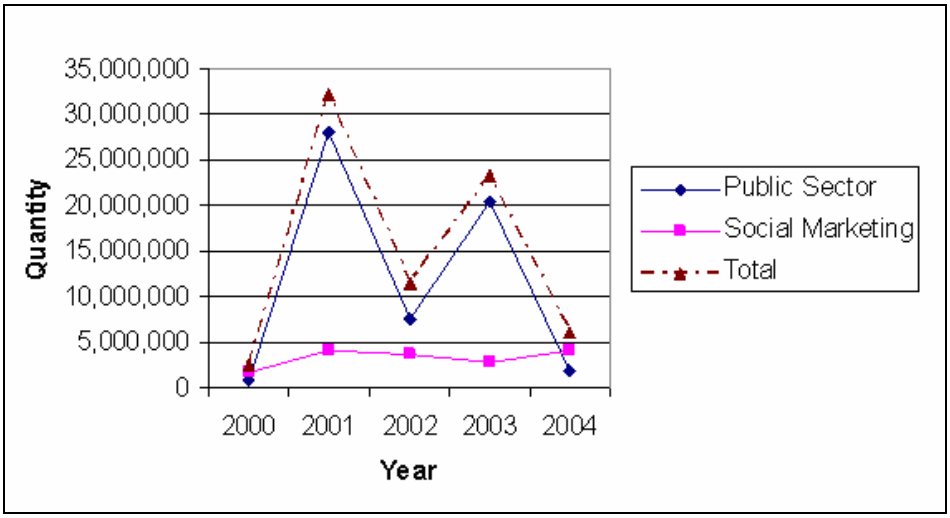

Figure 1. Male condom supply[3]

Female Condoms

Data on the supply of female condoms are uncertain. Depending on the source of information, UNFPA reports providing between 512,000 and 571,000 female condoms during 2001 and 2002, some directly to MWACW. This total includes 142,000 for NAPPA.

NASOMA reports sales of female condoms over the period 2002–2004 totaling 186,227 units.

[3] Central Medical Stores inventory system
USAID Contraceptive commodity supply information system (NEWVERN)
UNFPA Representative Namibia
UNFPA contraceptive commodity database
Social Marketing Association
NASOMA
GTZ Reproductive Health Project

Distribution of Condoms through CMS

CMS has been operating a computerized inventory system for several years to manage the extensive range of medical products handled, including male condoms. However, the unit of issue has been a *box* of condoms, which until the receipt of USAID-provided supply in 2003 contained one gross, or 144 condoms. USAID-supplied condoms are packaged in boxes of 100. The system has not taken this difference into account, and therefore issues from the second half of 2003 on, where are recorded as a number of boxes, could contain represent boxes with either 100 or 144 condoms. Therefore some of the figures in the tables below are presented as estimates.

CMS distributes condoms to the two RMS in Rundu and Oshakati to serve the health facilities and other outlets in the north of the country and directly to 50 hospitals, health facilities, and government institutions, mostly in the central and southern part of Namibia.

Table 3 and Figure 2 present an analysis of *issues* from CMS over the period 2000–2004.

Table 3. Quantities of Condoms Issues by CMS (Boxes of 100 and 144)

Recipient	2001	2002	2003	2004	Total
Health facilities	48,385	35,713	23,341	18,001	125,440
RMS Rundu	700	1,550	900	150	3,300
RMS Oshakati	18,090	16,250	56,530	5,900	96,770
Total	67,175	53,513	80,771	24,051	225,510

Note: The figure for 2003 for RMS Oshakati includes a single transfer of 46,500 boxes of USAID-provided condoms (4.65 million) in September, almost all of which remained in stock at January 1, 2005.

If the single transfer of 46,500 boxes is excluded from the data (this represents a transfer to accommodate storage problems and not to respond to demand in the area supplied by RMS Oshakati), a clear downward trend is evident in the quantity of *boxes* of condoms distributed between 2001 and 2004. This downward trend is probably even steeper considering that stocks in 2001 and 2002 were exclusively of boxes containing 144 condoms, and in 2003 and 2004, they were a mix of boxes of 100 and boxes of 144 condoms.

This analysis highlights the potential inconsistency of using distribution data as a proxy for consumption. The transfer of the large quantity of USAID-provided condoms from CMS to the RMS Oshakati in 2003 distorts the trend significantly.

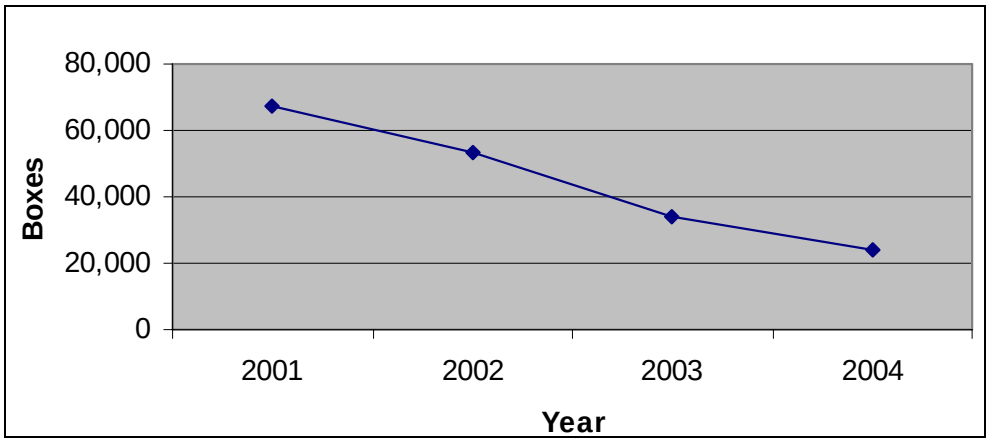

Figure 2. Number of boxes of condoms issued from CMS

Table 4 presents an estimation of the quantities of *condoms* received by health facilities and institutions supplied by CMS and the two RMS.

Table 4. Estimated Issues of Condoms to Health Facilities from CMS and RMS

Recipient	2001	2002	2003	2004	Total
CMS	6,967,440	5,142,672	3,450,260	2,196,122	17,756,494
RMS Rundu	150,000	150,000	156,000	156,000	612,000
RMS Oshakati	1,500,000	1,500,000	1,500,000	1,560,000	6,060,000
Total	8,617,440	6,792,672	5,106,260	3,912,122	24,428,494

Notes: CMS issues data are from the computer software.
RMS Rundu issues are based on stock card records for March 2003 to October 2004.
RMS Oshakati issues are based on stock card records for July–December 2004.

Social Marketing Distribution of Condoms

Figure 3 displays the consistent increase in male condom sales by NASOMA and SMA over the period from 1999 to 2004, more than doubling between 2001 and 2004.

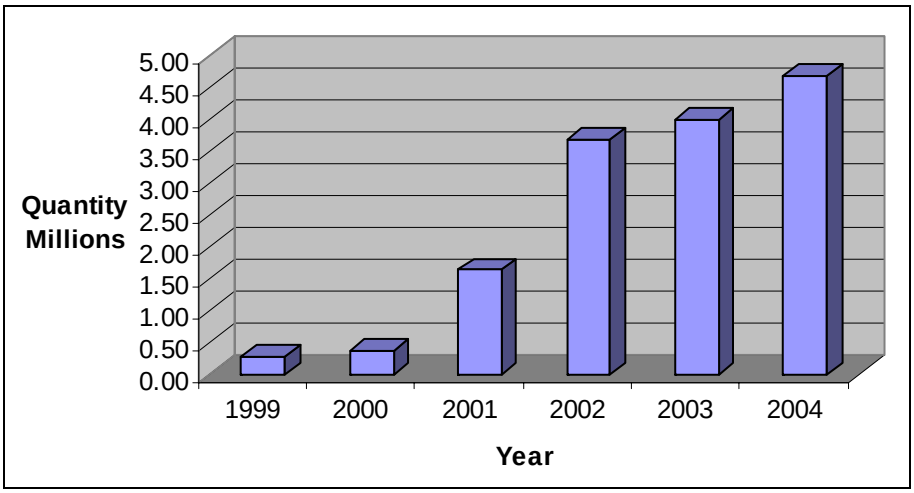

Figure 3. Total social marketing sales of male condoms

Figure 4 combines the estimated issues to health facilities from the Central and Regional Medical Stores with the data for social marketing sales, over the four years 2001 to 2004. Overall despite the upward trend in social marketing sales, the total number of condoms distributed declines—but remember, as described elsewhere in this report, the public sector distribution figures may be incomplete, especially if condom supplies bypassed the CMS/RMS system.

Using these figures, social marketing increases its share of the combined distribution from 16 percent in 2001 to 54 percent in 2004.

The team was not able to collect data on retail sales of condoms in the commercial sector. A better understanding of the condom market would be gained if this information could be obtained and included in this analysis.

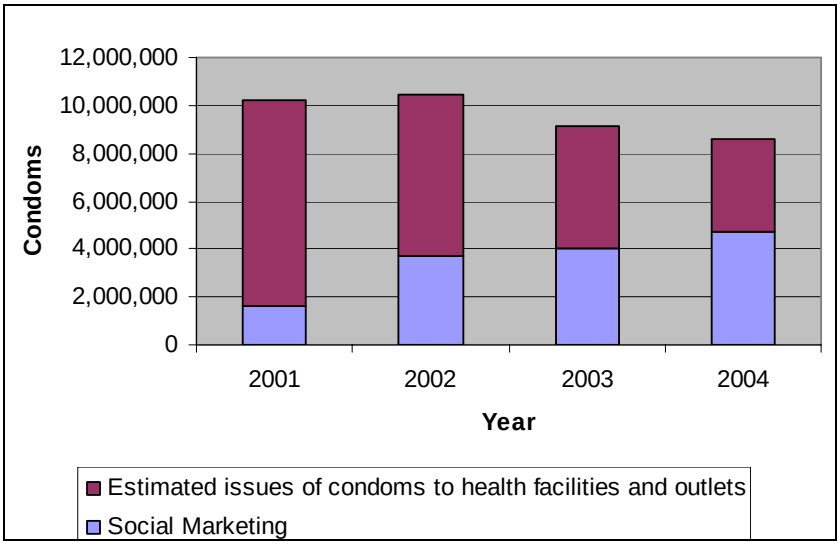

Figure 4. Male condom distribution

Estimated Stock and Availability of Condoms as of January 1, 2005

Using data provided by CMS and the two RMS the following estimate (Table 5) of the stocks of male condoms available on January 1, 2005, were calculated.

Table 5. Estimated Stock of Male Condoms

Location	Estimated Stock as of January 1, 2005 (Numbers of Condoms)		
	USAID (Boxed in 100s)	GRN (Boxed in Gross)	Total
CMS Windhoek	2,808,500	743,760	3,552,260
RMS Rundu	277,264	0	277,264
RMS Oshakati	5,078,000	244,800	5,322,800
Total	8,163,764	988,560	9,152,324

Note: These figures underestimate the total quantities of condoms in the distribution system since they exclude the stocks of condoms at health facilities supplied by the CMS and RMS.

Estimated Period for Which above Stocks Would Last

Depending on which estimation of condom requirements for the national condom program (excluding social marketing) is used, the stock estimated to be available at the beginning of 2005 at CMS and the two RMS would maintain supply for the following periods of time.

Estimate from GFATM

The GFATM project document estimates of the requirement for condoms in Year 2 at 23 million. The authors of the present report were informed that this amount was calculated using population, HIV incidences, and planned coverage of, and use of condoms by, those at risk of HIV infection, but details of the variables included and the magnitude of the value attributed to each variable were not made available.

The estimated stock (9.1 million) would last 4–5 months (until April or May 2005).

Estimate from MSH/RPM Plus

Using demographic and epidemiological tools designed specifically for the purpose, RPM Plus derived separate estimates for condom requirements for family planning and for HIV/AIDS prevention. Data for each factor involved in the formula were obtained from the *Namibia Demographic and Health Survey 2000* (GRN 2003) and, published local and regional research and surveys. The estimate of requirements for FY05 is a range between 6 and 8 million male condoms.

The estimated stock (9.1 million) would last 14–18 months (until sometime between March and June 2006).

Estimate Based on the Average Distribution to Health Facilities over 2001–2004 (from Table 4)

In an environment of full and uninterrupted supply of condoms to end users, with no stockpiling or rationing, figures for consumption can be inferred from the quantities issued from primary and secondary storage facilities. It is not certain that this situation has existed over the last four years, but using data from the CMS and the two RMS, the average annual distribution is calculated as 6.1 million condoms.

The estimated stock (9.1 million) would last for 18 months (until June 2006).

Estimate Based on the Average Distribution to Health Facilities over 2001–2004 Plus a 20-Percent Increase

Allowing for a 20-percent increase in distribution in 2005 over the average for the previous four years generates an estimate of condom distribution of 7.32 million.

The estimated stock (9.1 million) would last for 15 months (March 2006).

CONCLUSION

The last three estimates are comparable and, imperfections in the data notwithstanding, would appear to be the most reliable because—

- Considerable quantities of condoms have been supplied to the public sector (58,000,000 during 2001–2004), suggesting that adequate supplies have been in country.

- The quantity distributed from CMS and the two RMS to health facilities has been declining over this same period, either in response to a full supply situation at the facility level or to demand (or the lack of it).

- The GFATM figure has been generated for planning purposes and may have been premised on overly optimistic aims or targets or on insufficiently substantiated values for behavioral or condom use variables, resulting in an overestimation.

ANNEX 1. LIST OF DOCUMENTATION REVIEWED

Government of Namibia. 2004. *The National Strategic Plan on HIV/AIDS: Third Medium-Term Plan (MTP III) 2004–2009*. Windhoek: GRN.

Namibia Ministry of Health and Social Services. 2003. *Namibia Demographic and Health Survey 2000*. Windhoek: MOHSS.

Namibia Ministry of Health and Social Services. 2004. *Procurement and Supply Plan 2004–2009*. (Grant agreement between GFATM and MOHSS.) Windhoek: MOHSS.

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Ministry of Women's Affairs and Child Welfare. 2001. *The Female Condom: A Pilot Study Report on the Introduction, Acceptability and Use of the Female Condom in Namibia*. Windhoek: GRN.

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Namibia Planned Parenthood Association (NAPPA). *Annual Report 2003.* Windhoek: NAPPA.
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UNFPA/Population Council. 2003. *Rapid Needs Assessment Tool for Condom Programming: Program Report*. Available at http://www.unfpa.org/publications. Accessed June 2005.

Aboagye-Nyame, F., L. Akhlaghi, and V. Dias. 2004. *Assessment of the Public Sector Pharmaceutical Supply System of Namibia, November 2003.* Submitted to the U.S. Agency for International Development by the Rational Pharmaceutical Management Plus Program. Arlington, VA: Management Sciences for Health.

ANNEX 2. MEETING AND FIELD VISIT SCHEDULE

Day	Institution/Place
Thursday, December 2, 2004	USAID, Windhoek
Friday, December 3, 2004	CMS, Windhoek MWACW MOD DSP, MOHSS
Sunday, December 5, 2004	Travel from Windhoek to Rundu*
Monday, December 6, 2004	Rundu District Hospital RMS Rundu Mupeni Health Centre Kapako Clinic Local pharmacy, cooker shop
Tuesday, December 7, 2004	Travel from Rundu to Oshakati*
Wednesday, December 8, 2004	Oshakati Regional Medical Stores Enkono Clinic Ongwediva Health Centre PATHCARE (NGO) Local pharmacy, bar, shabeen, store
Thursday, December 9, 2004	Travel from Oshakati to Windhoek*
Friday, December 10, 2004	National holiday
Monday, December 13, 2004	NAPPA SMA NASOMA DSP, MOHSS GTZ CDC
Tuesday, December 14, 2004	UNAIDS UNFPA EU
Wednesday 15 December	Debriefing meetings: • USAID • Under Secretary: Health and Social Welfare Policy, MOHSS • Director, DSP, MOHSS

* The team also visited supermarkets, bars, bottle shops, and other commercial outlets while traveling between Windhoek and the two regions to assess condom availability.

ANNEX 3. PERSONS MET

Name	Position	Organization
Dr. Norbert P. Forster	Under Secretary, Health and Social Welfare Policy	MOHSS
Ms. Shihepo	Director, Special Programmes	MOHSS DSP
Dr. M. Goraseb	Deputy Director, Health Sector Response, DSP	MOHSS DSP
Ms. Sarah Tobias	Health Programme Administrator, DSP	MOHSS DSP
Dr. Abner Xoagub	Chief Health Programme Administrator, DSP	MOHSS DSP
Ms. Julieth Karirao	Chief Development Planner	MWACW
Colonel Iita	Chief Pharmacist	MOD
Mr. G. Habimana	Chief Pharmacist, Head of CMS	CMS
Ms. Monica Iilonga	Chief Clerk, Distribution Section	CMS
Mr. Joseph Ngidari	Pharmaceutical Management Advisor	MSH/RPM Plus
Ms. Diana Sheehama	Pharmacist, Distribution Section	CMS
Ms. Libet Maloney		SMA and
Mr. Hosky //Gowaseb	Manager, Marketing	National Social Marketing Association
Ms.P.N. Mwetulundila	Executive Director	NAPPA
Ms. Cathy Thompson	Deputy, HIV/AIDS Program	USAID
Ms. Kristofina Amakali		USAID
Dr. Tom Kenyon	Country Director	CDC
Dr. Hermen Ormel	Regional Technical Advisor, HIV/AIDS/STD Project	European Community (EC)
Dr. Nuzhal Ehsan	Representative	UNFPA
Mr. Johan Gamatham		UNFPA
Ms. Gloria Billy	Programme Assistant	UNAIDS
Dr. Anne Frisch	Technical Advisor, GTZ Reproductive Health Project	GTZ
RUNDU		
Ms. Muremi	Regional Health Director	Kavango Region
Ms. Mary Katongo	Pharmacist	RMS
Ms. Nghiluandilwa	Reproductive Health officer	Kavango Region
Mr. Haingura	PHC Supervisor	Rundu District
Sr. Ekandjo Shivute	Sister in Charge	Mupini Health Centre
Dr. C. A. Irarrogorri Dorado	Doctor for the Health Centre	Mupini Health Centre
Ms. Elizabeth Muranda	Sister in Charge	Kapako Clinic

Name	Position	Organization
OSHAKATI		
Dr. N.T. Hamata	Regional Director	Oshana Health Regional Office
Ms. Farida Goronga	Pharmacist	Multi-Regional Medical Stores
Ms. Selma Mbandi	Pharmacist Assistant	Multi-Regional Medical Stores
Ms. Martha Kambonde	Senior Registered Nurrse	PHC- Oshakati
Ms. Emerita Primus	Senior Registered Nurse	Enkono Clinic
Ms. Basilia Sofia Petrus	Enrolled Nurse/Midwife	Enkono Clinic
Mr. Augustus Immanuel	Assistant Nurse	Enkono Clinic
Ms. Salmi M Imbondi	Senior Registered Nurse	Ongwediva Health Centre
Ms. Rachel Shehema		NASOMA

ANNEX 4. CONDOM PROGRAMMING ROLES DEFINED*

Policy:
- Establishment of legal and social environment
- Leadership
- Identification of goals
- Strategy
- Coordination

Financing:
- Budgetary assessment of requirements (for example, human, infrastructure, supplies)
- Allocation of funding
- Solicitation of donor support
- Development agency contribution

Promotion—general:
- Marketing
- Advertising
- Public information
- Health awareness

Promotion—targeted:
- Identification of vulnerable groups
- Female condoms
- Male condoms

Selection:
- Review of product options
- Market analysis of consumer needs/preferences
- Choice of product to distribute
- Specification of product (that is, technical, presentation, quality, features)

Quantification:
- Market research
- Assembly of essential data
- Selection of forecasting tools or methodologies
- Estimate of requirements
- Procurement quantities

* See Table 1 of this report.

Procurement—purchase:
- Preparation of tender process and documentation
- Confirmation of budget availability
- Tender implementation and award

Procurement—donation:
- Assessment of donated quantities
- Liaison
- Supply of donated product

Quality assurance:
- Specification of quality standard
- Monitoring quality

Storage:
- Bulk
- For resupply

Distribution—primary:
- Determination of transferred quantities
- Transportation of approved consignments
- Information

Distribution—to outlets:
- Determination of transferred quantities
- Transportation of approved consignments
- Information

Inventory control:
- Maintenance of supply to outlets and consumers

Monitoring:
- Supply system performance
- Selection and quantification
- Procurement
- Distribution
- Use

Use:
- Market survey
- Customer satisfaction

ANNEX 5. MEMBERSHIP OF THE STANDING COMMITTEE ON CONDOM PROCUREMENT AND DISTRIBUTION

Ministry of Health and Social Services
Directorate of Special Programmes (formerly represented by NACOP)
Ministry of Women's Affairs and Child Welfare
Ministry of Higher Education, Training and Employment Creation
National Youth Council
National Social Marketing Association
Social Marketing Association
UNFPA
USAID
UNAIDS
UNICEF
GTZ/MOHSS
French Cooperation
Commodity Exchange
Family Health International